A Paradigm of Normal Birth: Teaching Through the Healthy Birth Practices

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ABSTRACT

Debra McAllister, a childbirth educator with 9 years of experience as a labor and delivery nurse, provides commentary on how she teaches through the Six Healthy Birth Practices as a paradigm for normal birth.

The Journal of Perinatal Education, 23(4), 218–220, <http://dx.doi.org/10.1891/1058-1243.23.4.218>

Keywords: healthy birth practices, teaching normal birth

When I left the house to teach my very first childbirth education class, my then 4-year-old asked me what I teach about. “I talk to women about how their babies come out” was the most appropriate response I could come up with. He looked up at me, rolled his big blue eyes in exasperation, and said, “But Mommy, women already *know* how their babies come out!” I think he was just trying to keep me from leaving, but his innocent little words struck me in a way that nothing else had when I was preparing for my first class. Of course, women know how their babies come out. So what are they seeking when they come to class? More knowledge? Confidence? Coping skills? Communicating the information is the easy part. Presenting birth as a normal, healthy

life event in a culture and health-care system that views birth as an inherently risky medical event is a challenge. It is for this task that I have found the Six Healthy Birth Practices (HBPs) to be the most important tool that Lamaze International has to offer a childbirth educator.

For a labor and delivery nurse, the world of birth exists in the medical paradigm. We attend births exclusively in hospitals. We first view the patient through a paper or electronic chart or a phone call description from a health-care provider. The patient is made up of a blood type, a gravida/para ratio, and a group B *Streptococcus* status. Our first physical interaction with her is to hand her the hospital gown, hook up the monitors, and check vital signs. From the moment she walks in the door, her birth experience is a medical process with routine interventions and constant monitoring for the “just in case.” It is the ultimate confidence destroyer. There is no normal. Normal events often do not take place in such a setting.

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For those of us with this background who are childbirth educators, or those who teach hospital-based classes, breaking out of the medical paradigm is challenging. We want to build confidence, promote normal birth, and convince women and their partners that there is nothing to fear. Yet couples come to class and expect detailed descriptions of the process of birth: signs of labor, how the cervix dilates, when to call the doctor, and what position to push in. Although this information in itself is not detrimental, and is in fact very important, reducing the childbirth experience to a series of stages, phases, or hormonal interactions will do nothing to empower a woman to trust her inner wisdom and find her own path. Even if we as educators manage to leave the medical paradigm of birth, we can easily fall into a reductionist paradigm with a false sense of success. Understanding the process of birth does not mean we understand birth. Birth is more than the outcome of a series of physical and emotional stages. We cannot know birth, or know how to birth, simply by knowing how birth occurs.

Therefore, I do not teach the Six Healthy Birth Practices as simply expert advice on how to have a safe and healthy birth or as a list to be checked off. I teach my entire class *through* the HBPs—a healthy birth paradigm, of sorts. By using the HBPs as my class structure, I manage to squeeze in all the important, but not essential, facts about the birth process while keeping my focus on the bigger picture of birth itself.

For example, when teaching HBP no. 1, *let labor begin on its own*, I can cover not just the topic of avoiding labor induction but also late pregnancy, signs of labor and what to do, how birth naturally begins, and how to cope with early labor, all under the heading of “Your Body Knows How to Do This. Allow It to Occur at Its Own Pace.” Teaching HBP no. 2, *walk, move around, and change positions throughout labor*, is a great opportunity to discuss how we use our innate coping mechanisms to flow through the phases of labor. Instead of the phases of labor being something that *happens to you*, they become something that *you are doing*. The dreaded transition phase becomes a paper tiger, something that if it did not have a title would be regarded as nothing more than the end of the longest part of labor.

HBP no. 3, *bring a loved one, friend, or doula for continuous support*, is my favorite one to teach. We practice massage, progressive relaxation, and

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communication. We talk about the partner’s journey through childbirth. This is my chance to instill confidence in the partner, usually dad, and convince him that he is the most important, the most knowledgeable, and the most competent care provider in the birthing room. We talk about the invaluable role of the doula, who knows how to both reach a woman deep in labor and help her support person to reach her as well.

HBP no. 4, *avoid interventions that are not medically necessary*, is an important practice and probably the most challenging one for women and their partners to comprehend. Why in the world would a doctor want to do something that would not help, and potentially harm, a laboring woman and her baby? Teaching women about the overwhelming evidence that they will most likely *not* need these interventions comes as quite a surprise to them. It is also a great opportunity to discuss informed consent and communication skills, in addition to helping couples learn about the hospital environment they will be birthing in.

I teach HBP no. 5, *avoid giving birth on your back and follow your body’s urges to push*, in a similar way to HBP no. 2, except we are focusing on the body’s instinctual knowledge of how to push a baby out. I take the opportunity to again remind women that they already know how to do this; they just need to trust their bodies and be aware of the messages it sends them. This same theme flows into HBP no. 6, *keep mother and baby together*, when it comes to breastfeeding. HBP no. 6 encompasses all we need to know about postpartum recovery, bonding, and the birth of the family. Keeping mother and baby together is nature’s intended arrangement, and from there, we naturally learn how to mother.

When we as childbirth educators use the HBPs to lead our teaching, we are helping women realize that there is another evidence-based reality of normal birth that they are invited to fully experience.

By teaching through the HBPs, we are not teaching the process of childbirth but introducing women to a new paradigm of normal birth. Simply telling women to trust their bodies and follow their instincts is not enough. Starting with the pregnancy test itself, the pregnant woman feels dependent on a piece of medical technology to know if her life will be forever changed. For the woman who needed fertility assistance, this dependence began even before conception. The doctor's office visits, the media's portrayal of birth, and the hospital environment only serve to reinforce the idea that pregnancy, labor, and birth are precarious states of medical vul-

nerability that are best served by expert physicians in a high-tech environment. When we as childbirth educators use the HBPs to lead our teaching, we are helping women realize that there is another evidence-based reality of normal birth that they are invited to fully experience.

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